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CONFIRMATION NO. 8190

<b>SERIAL NUMBER</b> 10/091,742	<b>FILING OR 371(c) DATE</b> 03/05/2002 <b>RULE</b>	<b>CLASS</b> 434	<b>GROUP ART UNIT</b> 3714	<b>ATTORNEY DOCKET NO.</b> 56,492 (71699)
<b>APPLICANTS</b> James H. Anderson, Columbia, MD; William R. Brody, Baltimore, MD; Chee-Kong Chui, Singapore, SINGAPORE; Xin Ma, Singapore, SINGAPORE; Yaoping Wang, Singapore, SINGAPORE; Yiyu Cai, Singapore, SINGAPORE; Wieslaw L. Nowinski, Singapore, SINGAPORE;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/273,733 03/06/2001 -and claims benefit of 60/273,734 03/06/2001				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 04/10/2002</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		<b>STATE OR COUNTRY</b> MD	<b>SHEETS DRAWING</b> 20	<b>TOTAL CLAIMS</b> 73
Verified and Acknowledged <u>                    </u> Examiner's Signature <u>                    </u> Initials <u>                    </u>		<b>INDEPENDENT CLAIMS</b> 6		
<b>ADDRESS</b> 21874				
<b>TITLE</b> Simulation system for image-guided medical procedures				
<b>FILING FEE RECEIVED</b> 1511	FEES: Authority has been given in Paper No. <u>                    </u> to charge/credit DEPOSIT ACCOUNT No. <u>                    </u> for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other <u>                    </u> <input type="checkbox"/> Credit	